	an or Op	Claude Parrish
EF-264-AH-R13-0522-30000129-1 BOE-264-AH (P1) REV. 13 (05-22)		Orange County Assessor Civic Center Plaza, Building 11
COLLEGE EXEMPTION CLAIM		625 N. Ross Street, Room 142
This claim is filed for fiscal year 20 20 (Example: a person filing a t imely claim in J anuary 2011 would enter "2011-2012.")	THORN	P.O. Box 628 Santa Ana, CA 92702-0628 (714) 834-2779 www.ocgov.com/assessor
This claim must be filed by 5:00 p.m., February 15.		
CLAIMANT NAME AND MAILING ADDRESS		FOR ASSESSOR'S USE ONLY
(Make necessary corrections to the printed name and mailing address)	□ Rece	eived by
		(Assessor's designee)
	of	(county or city)
L	on	(date)
If you no longer seek an exemption at this location, check here \square S	ign and return this t	orm to the Assessor. Date vacated
NAME OF CLAIMANT		
TITLE OF CLAIMANT		
CORPORATE NAME OF THE COLLEGE		
ADDRESS (Street, City, County, State, Zip, Code)		
ADDRESS (Sireer, City, County, State, Zip Code)		
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION		DATE PROPERTY WAS FIRST USED BY CLAIMANT
1. Owner and operator: (check applicable boxes)		
Claimant is: Owner and operator Owner only Claimant is:	Operator only	
and claims exemption on all Land Buildings and impr		or Personal property
2. Does the above institution qualify as a college or seminary of learn		
YES NO	ing under the laws	
3. Is the institution conducted as a non-profit entity?		
YES NO		
4. Does the institution require for regular admission the completion of	f a four-year high so	shool course or its equivalent?
YES NO		
5. Does the institution confer upon its graduates at least one academic	or professional deg	ree, based on a course of at least two years in liberal arts
and sciences, or on a course of at least three years in professional	l studies, such as la	w, theology, education, medicine, dentistry, engineering,
veterinary medicine, pharmacy, architecture, fine arts, commerce,	or journalism?	
YES NO		
6. Is the property for which the exemption is claimed used exclusive	ly for the purposes	of education?
YES NO		

7. List all buildings and other improvements for which exemption is claimed and state the primary and incidental use of each. Attach a separate sheet if necessary. Indicate whether leased or owned. Please use a separate claim form for each Assessor's Parcel Number.

BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDENTAL USE	
			OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

F-264-AH-R13-0522-30000129-2 BOE-264-AH (P2) REV. 13 (05-22)			
8. Has any construction commenced and/or been completed on this parcel since 12:01 a.m., January 7	1 of last year?		
 9. Is the property, or a portion thereof, for which an exemption is claimed a student bookstore that general defined in section 512 of the Internal Revenue Code? YES NO If YES, a copy of the institution's most recent tax return filed with the Internal Revenue Service may as determined by establishing a ratio of the unrelated business taxable income to the bookstore's 	ust accompany this claim. Property taxes,		
10. Has any of the property listed above been used for business purposes other than a student bookst YES NO If YES , please explain:	ore?		
11. If any business is operated by someone other than the college, attach a copy of the lease or other	agreement. Please explain:		
 12. Is any equipment or other property being leased or rented from someone else? YES NO If YES, list on a separate sheet the name and address of the owner and the type, make, model, property listed is not used exclusively for educational purposes at the collegiate level, please s property, provide the name and address of the owner. 			
The benefit of a property tax exemption must inure to the lessee institution. If taxes paid by the less Taxation Code.	sor, see section 202.2 of the Revenue and		
 Attach a separate page showing the requirements for admission. A current catalog showing the requirements for admission. 	wing the requirements may be		
 Attach a separate page, or current catalog, listing the degrees conferred upon the graduates and the requirements for each 			
 degree. Attach a copy of the financial statements (balance sheet and operating statement for the p 	receding fiscal year.)		
Whom should we contact during normal business hours for addition	al information?		
NAME			
DAYTIME TELEPHONE EMAIL ADDRESS			
() CERTIFICATION			
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any			
accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.			

SIGNATURE OF PERSON MAKING CLAIM	TITLE
NAME OF PERSON MAKING CLAIM	DATE

